

Improving lives THROUGH  
supports and services  
THAT FOSTER self-determination.

## **SELF-DIRECTED SUPPORTS Support Coordinator Training**



9/4/2016

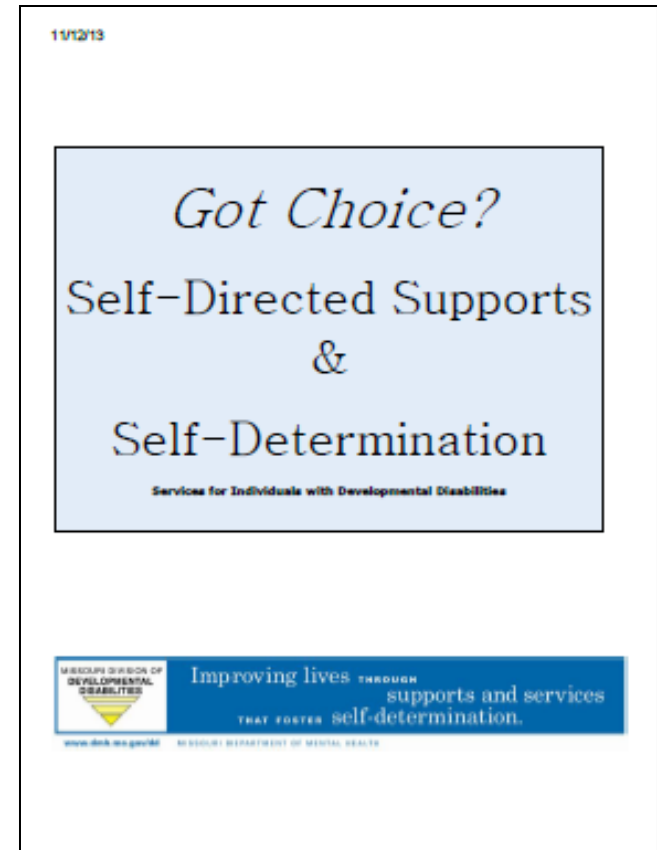
# Training Objectives

- 👤 **Understanding self-directed supports and its relationship to self-determination**
- 👤 **Designing self-directed supports through the person-centered planning process**
- 👤 **Creating the individual budget and establishing pay rates**
- 👤 **Working with the Fiscal Management Service (FMS)**
- 👤 **Creating quality and monitoring self-directed supports**

# What is Self-Directed Supports?



- Self-directed supports (SDS) is an option for service delivery for individuals, who live in their own private residence or that of their family member & who wish to exercise more choice, control and authority over their waiver supports. SDS is firmly grounded in the principles of self-determination.



# Self-Directed Supports



**SDS is based on the premise that the individual and their representative knows best about their needs and how to address those needs. The individual should be empowered to make decisions about the services they receive, including having choice and control over the type of supports they receive, who provides the supports and when and where the supports are delivered.**

**Although the terms self-determination and self-directed supports are often used interchangeably, they are two distinct concepts.**



# Division of DD defines Self-Determination



*Individuals are the primary decision maker of their lives, pursue what is important to them and have a meaningful role in the community.*



**Freedom**



**Support**



**Confirmation**



**Authority**



**Responsibility**

# For More information on Self-Determination

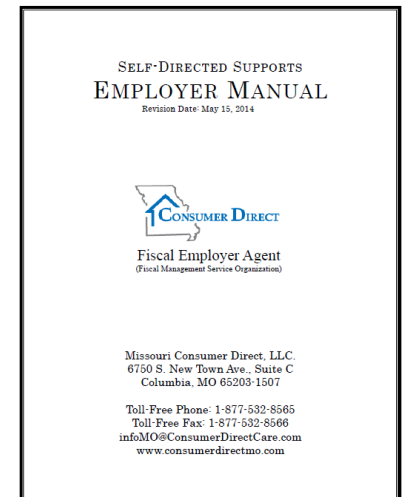
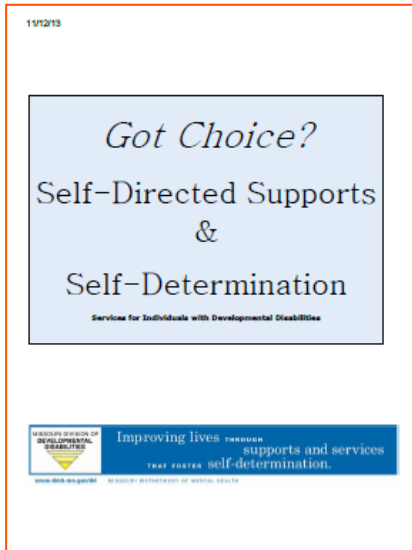


- 👤 **Missouri Self-Determination Association**  
[www.mo-sda.org](http://www.mo-sda.org)
- 👤 **National Gateway to Self-Determination**  
[www.ngsd.org](http://www.ngsd.org)
- 👤 **Missouri Division of Developmental Disabilities**  
<http://dmh.mo.gov/dd/selfdetermination.htm>

# Self-Directed Supports



Individual/Designated Representative has both budget and employment authority and must follow both Medicaid and Department of Labor regulations.





# The Employer of Record

The **Employer of Record** is the individual receiving services through a Medicaid program and a service plan.

For individuals under the age of 18 the parent/guardian is the Employer.

# Designated Representative

- 👤 The individuals receiving services (Employer of Record), guardian and/or appointed designated representative **must be able and willing to direct & manage the workers' day to day activities**, making sure the services and goals are provided as written in the individual's ISP.



# Appointment of a Designated Representative (DR)



The individual or guardian may select a designated representative (DR) in the event the individual is unable to direct and manage the day to day activities of their employees.

- The Designated Representative (DR) will be the **responsible party**
- Designated Representative is unpaid
- Acts on the individuals behalf and in their best interest
- Cannot be an employee for any services

MISSOURI SELF-DIRECTED SERVICES DESIGNATED REPRESENTATIVE AUTHORIZATION	
<b>CONSUMER DIRECT</b>	
<b>Designated Representative Authorization (if applicable):</b>	
<small>Note: This form is not required if a designated representative is not being used.</small>	
<small>An individual receiving services (Individual) through the Missouri Department of Mental Health, Division of Developmental Disabilities (DD) who is 18 years of age or older has the right to identify a Designated Representative for the purpose of self-directing supports. The Designated Representative is responsible for managing employee(s) and acting in the best interest of the Individual. If a guardian has been designated by a court, the legal guardian may also identify a Designated Representative.</small>	
<small>A Designated Representative must: 1) Direct and control the employee's day-to-day activities and outcomes; 2) Ensure, as much as possible, that decisions made would be those of the Individual in the absence of their disability; 3) Accommodate the Individual, to the extent necessary, so that they can participate as fully as possible in all decisions that affect them; accommodations must include, but not be limited to, communication devices, interpreters, and physical assistance; 4) Give due consideration to all information including the recommendations of other interested and involved parties; and 5) Not be paid to provide any supports to the individual.</small>	
<small>Designated Representative's relationship to the Individual:</small>	
<input type="checkbox"/> Spouse; <input type="checkbox"/> Adult child of the Individual; <input type="checkbox"/> Parent; <input type="checkbox"/> Adult brother or sister;	
<input type="checkbox"/> Another adult relative of the Individual. Relationship to Individual: _____	
<small>If the Individual wants a representative but is unable to identify one of the above, the Individual, along with their Service Coordinator and planning team, may identify an appropriate representative. The other representative must be an adult who can demonstrate a history of knowledge of the Individual's preferences, values, needs, etc. The Individual and his or her planning team are responsible to ensure that the selected representative is able to perform all the employer-related responsibilities and complies with requirements associated with representing one Individual in directing services and supports.</small>	
<input type="checkbox"/> Other representative. Relationship to Individual: _____	
<small>I, _____ (Individual or Guardian), hereby appoint _____ to serve as my Designated Representative for the DDH-DD Self-Directed Support Program. My Designated Representative is authorized to act on my behalf and act as the managing employee for purpose of self-directing my support. My Designated Representative is an unpaid person who has agreed to act on my behalf.</small>	
<small>Individual/Guardian Signature _____ Date _____</small>	
<small>I hereby agree to serve as the Designated Representative for the above-named Individual and understand my responsibilities and duties as described above.</small>	
<small>Designated Representative Signature _____ Date _____</small>	

# Who Can Be a Designated Representative



- 👤 **A spouse** (unless a formal legal action for divorce is pending)
- 👤 **An adult child of the individual**
- 👤 **A parent**
- 👤 **An adult brother or sister**
- 👤 **Another relative of the Individual**
- 👤 **Other Representative**-If the Individual wants a representative but is unable to identify one of the above, the individual, along with the service coordinator and planning team, may identify an appropriate representative. The Other Representative must be an adult who can demonstrate a history of knowledge of the individual's preferences, values, needs, etc. The individual and his or her planning team is responsible to ensure that the selected representative is able to perform all the employer-related responsibilities and complies with requirements associated with representing one individual in directing services and supports.

# Individual/Designated Representative



- 👤 Direct and manage the worker's day to day activities, making sure the services and goals are provided as written in the ISP and provide other duties of an employer, such as hiring and firing employees
- 👤 Must schedule/approve all hours worked prior to submitting the time to the Fiscal Management Service (FMS)
- 👤 Complete monthly reviews, and maintain required documentation in the individual's home

# Direct & Manage the Workers' Day to Day activities

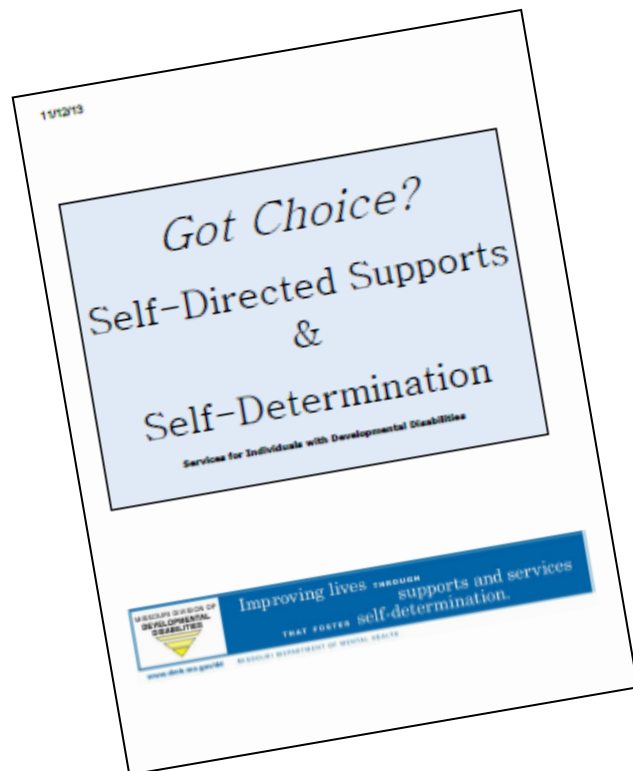


- 👤 Recruit, interview, hire, manage and decide whether Employees are doing a good job
- 👤 Make sure the Employee completes mandatory trainings.
- 👤 Train the Employee on the Individual's needs and preferences
- 👤 Schedule and supervise the Employee
- 👤 Review and approve weekly time sheets that are accurate and submit to the FMS
- 👤 Report any situations of potential Medicaid fraud including, but not limited to: Falsified or made-up hours, Task(s) completed that are not authorized, Forgery
- 👤 Dismiss Employees that are not doing a good job

# Direct & Manage the Workers' Day to Day Activities



## Got Choice Handbook



When self-directing your supports you and/or your designated representative are required to:

- Complete and submit for processing all required employer paperwork to establish the person serviced as an 'employer or record' and send to the FMS (Missouri Consumer Direct);
- Recruit your employees; Interview your employees and review their references. Using the Job Description & Pre-Employment Training Requirement form (See Enrollment Packets on [www.moconsumerdirect.com/forms](http://www.moconsumerdirect.com/forms) or <http://dmh.mo.gov/dd/progs/selfdirect.htm>)
- Once selected, have each potential employee fill out an Employment packet found on [www.moconsumerdirect.com](http://www.moconsumerdirect.com). The packet is sent to FMS organization (Missouri Consumer Direct) for processing;
- Receive notice from the FMS organization (Missouri Consumer Direct) that your employee candidate has passed the criminal background check before hiring him or her and allowing them to do any work for you;
- Hire your employees;
- Train your employees based on the Post Employment Training Checklist (See Employee Enrollment Packet on <http://www.moconsumerdirect.com/forms>) then send to Missouri Consumer Direct within 30 days of hire;
- Establish a work schedule for your employees and ensuring no employee works more than 40 per week ;
- Establish a list of tasks to be performed by your employees that is based on your ISP and the Job Description (See Employee Enrollment Packet on <http://www.moconsumerdirect.com/forms>);
- Manage your employees;
- Review your employees' performance and provide feedback either to acknowledge good performance and/or point out areas that may need improvement;
- Fire your employees when necessary and report to the FMS (Missouri Consumer Direct);
- Review, approve and submit your employees' time sheets to the FMS (Missouri Consumer Direct) organization; if you feel a time submitted does not correctly reflect the authorized hours worked, you must report any differences to the FMS organization (Missouri Consumer Direct); and work with your employees to correct any errors;
- Ensure that your employees complete all Mandatory Documentation Forms (See <http://dmh.mo.gov/dd/progs/selfdirect.htm>);
- Complete the Mandatory Monthly Summary form that describes the progress you have made towards achieving your ISP goals and objectives and provide an overall picture of how things are going for you (See <http://dmh.mo.gov/dd/progs/selfdirect.htm>);
- Make sure your employees have received and keep up with all required training and send to the FMS (Missouri Consumer Direct), the Missouri Consumer Direct will help you track this . If trainings and certifications are not maintained, the employee will not be allowed to work;
- The FMS (Missouri Consumer Direct) will maintain for you a personnel file for each of your employees that contains their training records, contractual agreements and a copy of their high school diploma or GED certificate;
- Create and maintain an emergency back-up plan must be available to your employees in the event that an employee does not show up for work for any reason (See <http://dmh.mo.gov/dd/progs/selfdirect.htm>);
- Inform the FMS (Missouri Consumer Direct) immediately when you have terminated an employee, make sure the employee has been fired in accordance with state department of labor fair firing practices and that you inform the FMS organization (Missouri Consumer Direct) of the reason for firing so it can be documented in the employee's file.

Got Choice? ..... 20



# What is Independent Support Brokerage?



- 👤 Provides the individual/designated representative with information & assistance (I&A) to secure the supports and services identified in the ISP



# Support Brokerage Requirements



- 👤 A Support Broker may **not** be a parent, guardian or other family member.\*
  - 👤 They cannot serve as a personal assistant or perform any other waived service for the individual. (This service can be authorized for up to 8 hours per day (32 quarter-hour units).
- \*Family member is defined as a parent, step-parent, sibling, child by blood, adoption or marriage, spouse, grandparent or grandchild.

# SB Provides Information and Assistance (I&A)



- 👤 I &A to recruit, interview, hire and train employees
- 👤 I&A explore and access community resources
- 👤 I&A to establish work schedules
- 👤 I&A to help manage the individual's budget
- 👤 I&A to seek other supports or resources outlined by the individual's ISP
- 👤 I&A communicate to problem-solve conflict resolution between employer/employee's.

# SB Provides Information and Assistance (I&A) *continued*

- I&A to ensure that the emergency back-up plan is established and working
- I&A to promote independent advocacy, to assist in filing grievances and complaints as necessary.
- I&A to define goals, needs, and preferences, identify and access services, supports and resources as part of the persons centered planning process that is gathered by the support coordinator for the ISP

# Support Brokerage Assessment For Planning



Improving lives through  
supports and services  
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

## SELF-DIRECTED SUPPORTS ASSESSMENT FOR SUPPORT BROKER ASSISTANCE

Individual Receiving Services: \_\_\_\_\_ Designated Representative (if applicable): \_\_\_\_\_

A Support Broker (SB) provides the individual or their designated representative (DR) with information & assistance to secure the supports and services identified in the Individual Service Plan (ISP). The Support Broker does not do these tasks for the individual/ designated representative, but provides information and assistance in order for the individuals/DR to fulfill their employer related responsibilities. The goal for everyone in SDS is to move towards 'Independence' and for individuals and families to have the support they need in order to self-direct services. This assessment will assist in determining what supports are needed in order for the individual/designated representative to be successful in self-directing supports.

### Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports

	No Support needed	Details regarding the type of support needed:
Recruiting workers		
Hiring workers		
Managing workers		
Terminating workers		
Managing and approving timesheets		
Organization/ maintaining documents		
Problem solving		
Conflict resolution		
Filing grievances and complaints		
Establishing work schedules		
Understanding documentation requirements		
Assisting with monthly reviews		
Managing budget		
Seeking supports or resources		
Define goals, needs and preferences		
Development of Emergency Back-up Plan		
Employee training		
Understanding the Role of Employer/DR, SC, FMS and RO		

### Goals/Outcomes and Objectives for Support Broker

Provide Practical Skills Training to Assist the Employer in Manage Services and Supports (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution, filing grievances and complaints):

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month

### Provide Assistance with Establishing Work Schedules:

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month

### Provide Assistance in Managing Budget Authorization:

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month

### Provide Assistance in Seeking Supports or Resources:

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month

### Provide Assistance to define goals, needs and preferences:

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month.

### Provide Assistance in the development of an Emergency Back-up Plan:

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month

### Assist Individual/ Designated Representative with employee training:

☐ No Support Needed

☐ Time limited support \_\_\_\_\_ hours per year; ☐ Ongoing support: \_\_\_\_\_ hour per month

Total Ongoing Support: \_\_\_\_\_ hour per month; Total Time Limited Support \_\_\_\_\_ hours per year.

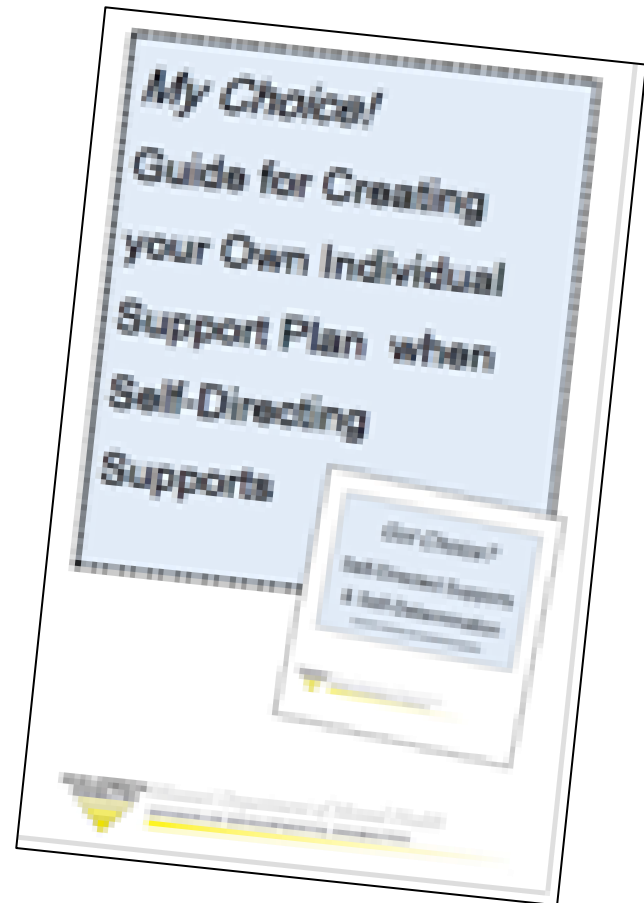
Frequency of Need: Typical work schedule, not exceeding authorized hours

Support Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

# Person-Centered Planning Process



- 👤 Provides the framework
- 👤 Determine goals and outcomes
- 👤 Identifies supports to meet needs



# Individual Service Plan (ISP)



MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES  
www.dmh.mo.gov/dd

Improving lives THROUGH supports and services THAT FOSTER self-determination.

SELF-DIRECTED SUPPORT  
SDSC Pre-UR  
Review Tool

DATE RECEIVED: \_\_\_\_\_ SUPPORT COORDINATOR: \_\_\_\_\_

INDIVIDUAL RECEIVING SERVICES: \_\_\_\_\_ DMH ID #: \_\_\_\_\_

The ISP identifies that:

\_\_\_\_\_ the name of the designated representative if one has been appointed

\_\_\_\_\_ list any support the individual/DR needs in order to self-direct services (Support Broker Assessment can be used as a tool)

\_\_\_\_\_ the services being self-directed are listed and what support will be provided (Job Descriptions can be used as a tool) The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports

\_\_\_\_\_ justifies any training exemptions on the Personal Assistance training checklist

\_\_\_\_\_ the 'back-up plan' to be used in the event a scheduled employee is not available to provide the services is identified in the plan.

\_\_\_\_\_ if the employer is hiring a family member (PA is only service that may be provided by family member) the plan must reflect: (Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild)

- o The individual is not opposed to the family member providing the service
- o The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit
- o The support team agrees that the family member providing the personal assistant service will best meet the individual's needs
- o The family member cannot be paid over 40 hours per week. Any support provided above this amount would be considered a natural support or unpaid care which a family member would typically provide

\_\_\_\_\_ the SDS budget calculator is present and correct.

\_\_\_\_\_ the Authorization Page matches the SDS budget calculator

\_\_\_\_\_ if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (SDS) service authorization system has been checked to ensure that these services are not being self-directed. If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The MOCD contract reads: "The Employer/DR must not supplement wages to the Employee outside of this agreement. Records maintained by the FEA will be the official records of the Employer's wages to workers, which will be reported to State and Federal tax authorities. The Employer/DR understands all earnings and taxes for Employees must be accurately reported to these taxing authorities." If the employer uses an agent, MOCD is unable to account for the total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employer's State Unemployment with the Federal Unemployment. The Employer/DR then becomes liable for any tax judgment including penalties and interest.)

\_\_\_\_\_ SDS has received copy of the "Got Choice?" SDS handbook acknowledgement form.

SDS Coordinator Signature: \_\_\_\_\_ Review Date: \_\_\_\_\_ 3/12/15

The ISP is used as the training document for employees and must provide enough detail in order for all employees to understand what is needed to provide supports.

**SELF-DIRECTED SUPPORT SDSC Pre-UR Review Tool – help ensure that all required SDS elements are in ISP**

# Individual Service Plan (ISP)

- ❖ Works to enhance and build natural supports; defines both **paid and non-paid** services
- ❖ list any support the individual/DR needs in order to self-direct services (Support Broker Assessment can be used as a tool)
- ❖ Details supports and services provided (SDS Job Descriptions can be used as a tool)
- ❖ Identifies if a Designated Representative is being used
- ❖ Justifies any training exemptions on the “Training Checklist”
- ❖ Identifies the back-up plan which includes provisions for support in the case of scheduled employees not being able to provide the service





# State Plan Personal Care Services



**If individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services. DSDS service authorization system must be checked to ensure that these services are not being self-directed. (An individual can only have one Fiscal Agent to report earnings and file employer and employee taxes. The reason is that if there are multiple Agents the IRS cannot track total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employers State Unemployment with the Federal Unemployment. )**



# An Employee Job Description Can be Used as a Tool for Planning



- 👤 to help the Individual/Designated Representative determine what task they would like to for their employees to provide and what task are allowable
- 👤 to help the SC ensure that the ISP provides enough detail in order for all employees to understand what is needed to provide supports.
- 👤 to help determine the number of hours of services are needed and the number of employees needed

# An Employee Job Description Used as a Tool for Planning



Tools Page 1-2 of 2 View Options Close

**CONSUMER DIRECT PERSONAL ASSISTANT JOB DESCRIPTION & PRE-EMPLOYMENT TRAINING REQUIREMENTS**

Employee Individual Receiving Services Employee

Write a description of job responsibilities the employee will be required to perform in the following categories that apply. Leave each category that does not apply to your staff blank.

Bathing/Assisting in the Bathroom Dressing: \_\_\_\_\_

Mobility: \_\_\_\_\_

Extension of therapies, care of adaptive equipment and exercise: \_\_\_\_\_

Meal Preparation/Assistance with meals: \_\_\_\_\_

Incidental Household cleaning and laundry: \_\_\_\_\_

Shopping: \_\_\_\_\_

Banking/Budgeting: \_\_\_\_\_

Using Public transportation: \_\_\_\_\_

Recreational/Leisure/Socialization: \_\_\_\_\_

Other Activities to achieve Increase Independence, Productivity or Inclusion in the Community: \_\_\_\_\_

Rev. 3-0-2012

**CONSUMER DIRECT PERSONAL ASSISTANT JOB DESCRIPTION & PRE-EMPLOYMENT TRAINING REQUIREMENTS**

Work Schedule: Typical work schedule, not exceeding authorized staffing hours.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Total per day:	hrs	hrs	hrs	hrs	hrs	hrs	hrs

Pre-Employment Training Requirements

The individual Designated Representative may exempt the PA from training requirements if the exemption is due to:

(A) Duties of the PA named above will not require skills to be attained from this training requirement

(B) The PA named above has adequate knowledge or experience

To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and safeguards in place must be documented in the ISP.

\*Certificate of Training must be attached.

Training provided by	Date	Exemption Code	Check Applicable Exemption Code(s)
CPR training provided by			(A) (B)
Cannot be exempt for Enhanced Medical PA			(A) (B)
First Aid training provided by			(A) (B)
Cannot be exempt for Enhanced Medical PA			(A) (B)
Medication Administration training provided by			(A) (B)
Cannot be exempt for Enhanced Medical PA (if providing medication administration)			(A) (B)
Behavior intervention training provided by			(A) (B)
Cannot be exempt for Enhanced Behavioral PA			(A) (B)

Educational Requirements: ☐ High School Diploma ☐ GED ☐ Regional Office Exemption (Supporting documentation must be attached)

Signatures: I have reviewed and agree to the responsibilities of the job.

Employee Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev. 3-0-2012

Microsoft PowerPoint - [2012 Powerpoint for Section D Self-Directed Services-eh

start Personal Com... Inbox - Micro... All New CD fo... Microsoft Pow... PA CDMO\_DD... 12:05 PM

**A Job Description is available for each Self-Direct  
Service**

# Back-up Plan



MISSOURI DIVISION OF  
DEVELOPMENTAL  
DISABILITIES

Improving lives THROUGH supports and services  
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

SELF-DIRECTED SUPPORTS  
Back-up Plan & Emergency Contacts

An emergency backup plan is required to handle situations when an employee, who is providing essential supports, is unavailable. A back up plan may include friends, family or other natural supports, trained and qualified employees, or agency providers whom you can call for assistance. If back-up services are to be purchased from an agency provider, the individual/designated representative must consider such costs in the budget. In addition, any employees who are paid to provide back-up services must not be scheduled for over 40 hours per week. The ISP must also address the backup plan. All members of your support team need to be educated about your back-up plan and have information accessible. **This form may be used to ensure that essential information is available for your employees.**

**Back-Up Plan**

Please provide detailed steps to handle situations when an employee, who is essential for support, is not unavailable:

**Emergency Contacts**  
(All emergency numbers must be accessible to your employees)

Name of Individual:

Name	Phone Number
Designated Representative	
Other Contact Relationship:	
Other Contact Relationship:	

MISSOURI DIVISION OF  
DEVELOPMENTAL  
DISABILITIES

Improving lives THROUGH supports and services  
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

SELF-DIRECTED SUPPORTS  
Back-up Plan & Emergency Contacts

**Incident Response System & Event Management Tracking:** DMH tracks events to ensure your health and safety. The department looks at these events to improve programs and services. Individuals and unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety. If any of the following occur, the employee should first ensure your health and safety and then should contact designated representative when applicable, and the support coordinator or the office on-call staff as soon as possible:

- All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200)
  - All events where there is sexual conduct involving an individual and it is alleged, suspected or reported that one of the parties is not a consenting participant. harm will actually be inflicted
  - All events where there is any threat or action, verbal or nonverbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will actually be inflicted
- Medical emergency, which means the sudden onset of a medical condition or injury that requires emergency medical intervention (emergency room visit) or unplanned hospital admission.
  - All events that result in a need for an individual to receive life saving intervention or medical/psychiatric emergency intervention.
- All events where the consumer ingests a non food item. *Non-food item-an item that is not food, water, medication or other commonly ingestible items.*
- Use of any unapproved restraints. *restraint/time out used by employee to restrict an individual's freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined they must be reported on an EMT form.*
  - Chemical Restraint:* a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint would put an individual to sleep or render them unable to function as a result of the medication. (A pre-med for a dental or medical procedure would not be reported as a chemical restraint.)
  - Manual Restraint:* any physical hold involving a restriction of an individual's voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.
  - Mechanical Restraints:* any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. (The definition does not include the following: Medical protective equipment, physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests; Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair, or equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints.)
  - Time Out:* removing the individual from one location and requiring them to go to any specified area, where that individual is unable to participate or observe other people. Time out includes but is not limited to requiring the person to go to a separate room, for a specified period of time, the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or it doors, etc. or until specified behaviors are performed by the individual. Locked Rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
- Any incident involving an individual that requires the involvement of law enforcement.
- All events that result in disruption of services due to fire, theft or natural disaster, resulting in extensive property damage or loss.
- The death, by any cause, of an individual.
- Medication errors, which means the individual did not receive their medicine or received it in any manner that varies from the physician's order (i.e. wrong dose, form, route, time, etc.)
- Incidents of falls *The apparent (witnessed, not witnessed or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor or object which has not been forcibly instigated by another person.*


Support Coordinator	Name	Phone Number

Identify the back-up plan when scheduled employees are not available to provide supports or other emergencies

# SELF-DIRECTED SUPPORTS ISP REVIEW FOR UR



The SDSC will review  
all ISP's, budget  
calculators and  
authorizations to  
ensure waiver  
requirements are  
met

 www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH	<b>Improving lives through supports and services THAT FOSTER self-determination.</b>	<b>SELF-DIRECTED SUPPORT SDSC Pre-UR Review Tool</b>
DATE RECEIVED: _____ SUPPORT COORDINATOR: _____		
INDIVIDUAL RECEIVING SERVICES: _____ DMH ID #: _____		
The ISP identifies that:		
_____ the name of the designated representative if one has been appointed		
_____ list any support the individual/DR needs in order to self-direct services (Support Broker Assessment can be used as a tool)		
_____ the services being self-directed are listed and what support will be provided (Job Descriptions can be used as a tool) The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports		
_____ justifies any training exemptions on the Personal Assistance training checklist		
_____ the 'back-up plan' to be used in the event a scheduled employee is not available to provide the services is identified in the plan.		
_____ if the employer is hiring a family member (PA is only service that may be provided by family member) the plan must reflect: (Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild)		
<ul style="list-style-type: none"><li>o The individual is not opposed to the family member providing the service</li><li>o The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit</li><li>o The support team agrees that the family member providing the personal assistant service will best meet the individual's needs</li><li>o The family member cannot be paid over 40 hours per week. Any support provided above this amount would be considered a natural support or unpaid care which a family member would typically provide</li></ul>		
_____ the SDS budget calculator is present and correct.		
_____ the Authorization Page matches the SDS budget calculator		
_____ if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services SDSC service authorization system has been checked to ensure that these services are not being self-directed. if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The MOCD contract reads: "The Employer/DR must not supplement wages to the Employee outside of this agreement. Records maintained by the F/EA will be the official records of the Employer's wages to workers, which will be reported to State and Federal tax authorities. The Employer/DR understands all earnings and taxes for Employees must be accurately reported to these taxing authorities." If the employer uses an 2 <sup>nd</sup> agent, MOCD is unable to account for the total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employer's State Unemployment with the Federal Unemployment. The Employer/DR then becomes liable for any tax judgment including penalties and interest.)		
_____ SDSC has received copy of the "Got Choice?" SDS handbook acknowledgement form.		
SDS Coordinator Signature: _____ Review Date: _____ 3/12/15		

# Which Services can be Self-Directed?



Personal  
Assistant

Personal  
Assistant –  
Medical

Personal  
Assistant -  
Behavior

Community  
Specialist

Personal  
Assistance:  
Team  
Collaboration

# Personal Assistant (PA)



- 👤 Assists the individual with daily activities at home or in their community
- 👤 May directly perform these activities or support the individual in learning how to perform them
- 👤 Assists the individual in achieving the goals outlined in their ISP
- 👤 Can be provided up to 24 hours per day, as identified in the individual's ISP

# Personal Assistance Team Collaboration



- 👤 For self-directed supports Team Collaboration allows the individual's employees to participate in the service plan and to meet as a team to ensure consistency in its implementation. A team meeting also can be convened by the individual or their designated representative for the purposes of discussing specific needs of the individual, the individualized progress towards outcomes, and other related concerns.
- 👤 Team collaboration can be included in the individual budget up to 120 hours per plan year.



# PA Medical/Behavioral

- 👤 Under special circumstances the individual may need enhanced medical/behavioral PA services
- 👤 Have training requirements which cannot be waived
- 👤 This level of support must be thoroughly outlined and justified in the individual's ISP, as per the Waiver Manual
- 👤 Under these conditions the individual will typically need a SDS Community Specialist or other agency based waiver service to provide training and oversight for of the PA.



# Evaluating the need for Specialized Behavioral PA



- 👤 The interdisciplinary team has documented efforts to maximize the individual's ability to communicate with others;
  - 🧠 *to try to prevent any problems that might be happening because people do not understand each other or ignore attempts to communicate*
- 👤 The interdisciplinary team has documented implementation of preventive strategies and outcomes of those strategies;
- 👤 The interdisciplinary team has identified and outlined the need to pursue more intensive behavior support strategies in the plan;
  - 🧠 *can't just be need extra supervision, need to have specific strategies and teaching that the PA will be doing to eventually reduce the problem and the need for PA*

# Evaluating the need for Specialized Behavioral PA



- 👤 An initial screening for medical, psychiatric or pharmacological causes has been completed, and;
- 👤 Prior to approval of funding for specialized behavioral personal assistance the individual plan has gone through the local Person Centered Plan review process and has been reviewed by the Regional Behavior Support Review Committee to determine the above have been completed.
- 👤 *this process insures that all less intrusive and intensive means to address the behavior have been tried and that the strategies in the ISP are being used consistently and that the need for more intensive services is documented*

# Evaluating the need for Specialized Behavioral PA



- 👤 The Behavioral Personal Assistance employee must be trained on the specific individual's behavior support strategies. This refers to the Behavior Support Plan that is a specialized plan that can only be developed by licensed providers of behavior analysis services.
- 👤 *The ISP must include the service to create this plan and ongoing supports must be in place.*

# Evaluating the need for Specialized Medical PA



- 👤 The interdisciplinary team has identified that the individual's level of care requires either the:
  - 👤 Direct delivery of care by a licensed medical professional\* or,
  - 👤 Training, delegation and periodic supervision of care by a licensed medical professional\*.



# Personal Assistant (PA)

## Training Checklist Pre-Employment Training Requirements

<p>The individual/Designated Representative may exempt the following requirements if the exemption is due to:</p> <p>[A] Duties of the PA named above will not require skills to be attained from this training requirement.</p> <p>[B] The PA named above has adequate knowledge or experience.</p> <p>To grant an exemption, the appropriate reason code must be marked in the exemption column and justification for the exemption and safeguards in place must be documented in the ISP.</p> <p>*Certificate of Training must be attached.</p>	<p>CHECK APPLICABLE EXEMPTION CODE(S)</p>
<p>*CPR Training provided by _____ Date _____</p> <p>(Cannot be exempt for Enhanced Medical PA)</p>	<p>[ ] A [ ] B</p>
<p>*First Aid training provided by _____ Date _____</p> <p>(Cannot be exempt for Enhanced Medical PA)</p>	<p>[ ] A [ ] B</p>
<p>*Medication Administration training provided by _____ Date _____</p> <p>(Cannot be exempt for Enhanced Medical PA if providing medication administration)</p>	<p>[ ] A [ ] B</p>
<p>*Behavior Intervention Crisis Management training <input type="checkbox"/> Mandt; <input type="checkbox"/> NCI/CPI; <input type="checkbox"/> PCMA or SCM</p> <p>Provided by _____ Date _____</p> <p>(Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)</p>	<p>[ ] A [ ] B</p>
<p>*Behavior Intervention- Positive Behavior Supports training <input type="checkbox"/> "Tools of Choice"; <input type="checkbox"/> Columbus PBS;</p> <p><input type="checkbox"/> Other training approved by RO QE department or Division Chief Behavior Analyst *</p> <p>(*Supporting documentation must be attached).</p> <p>Provided by _____ Date _____</p> <p>(Cannot be exempted for Enhanced Behavioral PA)</p>	<p>[ ] A [ ] B</p>
<p>Educational Requirements: <input type="checkbox"/> High School Diploma; <input type="checkbox"/> GED; <input type="checkbox"/> Regional Office Exemption</p> <p>(Supporting documentation must be attached)</p>	

**All training certifications must be kept current during the duration that the employee is employed.** Signature of the individual, designated representative or guardian signifies approval of the training plan and approval of any exemptions granted.

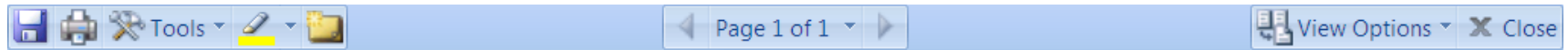
# Community Specialist



- Available through the Comprehensive, Community Support, Lopez & Partnership for Hope Waivers (not Autism Waiver- will be added with waiver renewal).
- Used when a specialized support are needed to assist the individual in **achieving outcomes** as specified in the Individual Service Plan. Such as nurse delegation or contributing to the development of a positive behavior support plan.
- May not duplicate Support Broker or other waiver service.
- Can be authorized up to 24 a day in special circumstances



# Community Specialist



## **Pre-Employment Training Requirements**

The Community Specialist must meet one of the following education and experience requirements:

- ☐ Bachelor's degree from an accredited university plus one year experience
- ☐ Registered Nurse (with an active license in good standing, issued by the Missouri State Board of Nursing)
- ☐ Associate's degree from an accredited university or college plus three years of experience. Proof of degree/experience must be maintained by the employer in the employee's personnel file.



# Community Specialist Assessment



MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES		Improving lives <small>THROUGH</small> supports and services <small>THAT FOSTER</small> self-determination.		COMMUNITY SPECIALIST ASSESSMENT	
<small>www.dmh.mo.gov/dd</small> MISSOURI DEPARTMENT OF MENTAL HEALTH					
Individual Receiving Services: _____ Designated Representative (if applicable): _____					
A Community Specialist is used when specialized supports are needed to assist the individual in achieving outcomes as identified in the ISP. The services of the Community Specialist assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.					
	No Support needed	Details regarding the type of support needed:			
professional observation and assessment					
individualized program design and implementation					
consultation with caregivers					
Provide support advocating for the individual					
assisting the individual in locating and accessing services and supports					
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction					
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance independent living skills					
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance community integration, social, leisure and recreational skills					

A tool for ensuring that the ISP is meeting waiver requirements and helps to determine goals and outcomes.

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES		Improving lives <small>THROUGH</small> supports and services <small>THAT FOSTER</small> self-determination.		COMMUNITY SPECIALIST ASSESSMENT	
<small>www.dmh.mo.gov/dd</small> MISSOURI DEPARTMENT OF MENTAL HEALTH					
Individual Receiving Services: _____ Designated Representative (if applicable): _____					
Goals/Outcome and Objectives: Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried: Field of Expertise needed: Training/Licensee/Certification which qualifies the Community Specialist as an Expert:					
Provide professional observation and assessment, individualized program design and implementation and consultation with caregivers:					
<input type="checkbox"/> time limited support _____ hours per year; <input type="checkbox"/> Ongoing support: _____ hour per month;					
Desired Outcome: Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried: Field of Expertise needed: Training/Licensee/Certification which qualifies the Community Specialist as an Expert:					
Provide support advocating for the individual, and assisting the individual in locating and accessing services and supports:					
<input type="checkbox"/> time limited support _____ hours per year; <input type="checkbox"/> Ongoing support: _____ hour per month;					
Desired Outcome: Current Situation (Relationship based supports, Technology, Community recourse and other eligibility based supports tried: Field of Expertise needed: Training/Licensee/Certification which qualifies the Community Specialist as an Expert:					
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self direction, independent living skills, community integration, social, leisure and recreational skills.					
<input type="checkbox"/> time limited support _____ hours per year; <input type="checkbox"/> Ongoing support: _____ hour per month;					
Training requirement maintained by the agency					
<input type="checkbox"/> The Community Specialist must meet one of the following education and experience requirements: <input type="checkbox"/> Bachelor's degree from an accredited university plus one year experience <input type="checkbox"/> Registered Nurse (with an active license in good standing, issued by the Missouri State Board of Nursing) <input type="checkbox"/> Associate's degree from an accredited university or college plus three years of experience. Proof of degree/experience must be maintained by the employer in the employee's personnel file.					
Field of Expertise:					
Training/Licensee/Certification which qualifies the Community Specialist as an Expert:					



# Who Can be an SDS Employee?



Anyone over age 18 with a High School diploma or GED (4 year degree or 2 year + experience required for Community Specialist) who the individual or their designated representative chooses to hire, with the following **exceptions**:

## SDS Employees Cannot Be:

- 🏠 An individual's spouse
- 🏠 An individual's parents if they are a minor
- 🏠 An individual's legal guardian
- 🏠 The individual's Designated Representative
- 🏠 Anyone with a felony or charge which is disqualifying

# Family as Caregiver

**Personal assistant services may be provided to a person by a member(s) of his or her family when the ISP reflects:**

- 👤 The individual is not opposed to the family member providing services;
- 👤 The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in the family unit;
- 👤 The planning team determines the paid family member providing the service best meets the individual's needs
- 👤 *A family member will only be paid for the hours authorized in the service plan and these cannot exceed 40 hours a week. Anything over this would be considered a natural support or the unpaid care that a family member would typically provide.*

*PA is the only service that allow of family to be paid as a caregiver*

# Individualized Budgets

- 👤 Budget Authority allows the individual or their designated representative flexibility over managing a yearly budget allocation. For example, they may request that more services be authorized in one month and less in another or request to change from one approved waiver service to another as long as they stay within the authorized budget.

# Individualized Budgets

- 👤 Once the pattern and intensity of support needs are identified and “Desired Outcomes” have been established, the process of determining how these needs will be met and outcomes achieved begins. The support coordinator works with the individual and/or their designated representative to create budget scenarios using the different funding sources which are available, including the individual’s own resources, as well as paid and non-paid supports.

# Individual Budget Allocation



- 👤 The support coordinator and the individual and/or designated representative will work together to develop an individual budget.

# Steps in creating the Individual Budget Allocation



- 👤 Establish the “Desired Outcomes” of the individual.
- 👤 Determine which supports are critical to achieving goals, maintaining health and safety, and which supports are merely preferred.
- 👤 Determine how these supports can be achieved through relationship based supports, technology, community resources and lastly through eligibility based supports.
- 👤 If eligibility based supports are needed, State Plan Medicaid services must be accessed before HCBS waiver services can be used.
- 👤 Determine which waiver services best meet the individual’s needs. Remember that self-directed supports can be combined with other agency supports as long as there is not duplication in services.

# Steps in creating the Individual Budget Allocation



- 👤 Determine the pattern and intensity of the support needs to meet these “Desired Outcomes”. The “PERSONAL ASSISTANT PRE-EMPLOYMENT TRAINING REQUIREMENTS & JOB DESCRIPTION” and “COMMUNITY SPECIALIST PRE-EMPLOYMENT TRAINING REQUIREMENTS & JOB DESCRIPTION” are tools to be used to determine total number of hours needed for the span date of the ISP.
- 👤 The total number of hours needed are multiplied by the self-directed statewide individual hourly allocation rate in order to determine the total **Self-Directed Individualized Budget Allocation**.



# Steps in creating the Individual Budget Allocation

- ☺ Determine the pattern and intensity of the support needs to meet these “Desired Outcomes”. The “PERSONAL ASSISTANT PRE-EMPLOYMENT TRAINING REQUIREMENTS & JOB DESCRIPTION” and “COMMUNITY SPECIALIST PRE-EMPLOYMENT TRAINING REQUIREMENTS & JOB DESCRIPTION” are tools to be used to determine total number of hours needed for the span date of the ISP.
- ☺ The total number of hours needed are multiplied by the self-directed statewide individual hourly allocation rate in order to determine the total **Self-Directed Individualized Budget Allocation**.

## Self-directed Statewide Hourly Allocation Rate

	Current Agency Average
Personal Assistance (PA) 1019	\$ 14.76 hourly (\$3.69 unit)
Med/Behavioral PA T1019 TG	\$19.52 hourly (\$4.88 unit)
Community Specialist T1016	\$25.41 hourly (\$8.47 unit)

# Employee Pay Rate Setting

- Once the **Self-Directed Individualized Budget Allocation** is determined the individual/DR determines the rate that they will pay their employees.
- The following are factors that an individual or their designated representative, enrolled in Self-Directed Supports, should consider when establishing hourly pay rates for employees they hire to provide a self-directed service:
- Consider the average wage in your area for providers who offer a similar service. You would want to achieve some parity in wages with community agencies and what other self-directed services employers are paying their employees.
- Determine a pay rate that allows for maintaining quality employees, yet fits within the individual's budget.
- Do you want to plan for periodic salary increases based on employee performance? If so, this will need to be taken into account when setting an initial hourly pay rate for the employee.

# Employee Pay Rate Setting

- 👤 A budget calculator on the FMS website <http://moconsumerdirect.com/forms> is used to ensure:
  - 👤 Employees must be paid at least the current minimum wage in Missouri.
  - 👤 Employers portion of costs (loaded rate) is factored in to the full budget cost
    - 💰 Employer portion of federal and state FICA (Medicare and Social Security),
    - 💰 Federal and state unemployment insurance (FUTA & SUTA)
    - 💰 Workers compensation insurance,
- 👤 Loaded rate does not go over Medicaid maximum billable amounts for each self-directed service type.

# Employee Pay Rate Setting

budget\_calculator.3.xls [Compatibility Mode] - Microsoft Excel

	A	B	C	D	E	F	G	H	I
1	<b>SDS Pay Rate Calculator</b>		1. Enter Consumer Name:						
2	Reset Macro: Ctrl+Shift+		2. Enter DMH ID						
3			3. Enter SUTA Rate (3.51% default)		3.51%				
4									
5	<b>Instructions:</b> Complete the cells in rows 7 - 9 by choosing from the drop-down menu or providing appropriate numbers for each service or individual employee. Each column will warn you if the hourly cost exceeds the allowable maximum. The final cost will show you the total year cost of each service/employee and the total cost of all services/employees combined.								
6									
7	4. Select Service From Drop Down								
8	5. Enter Projected Hours per Year								
9	6. Enter Hourly Pay Rate								
12	Under / (Over) Medicaid Maximum		\$ -	\$ -	\$ -	\$ -			
13	Number of Annual Units (15 min - for reference only)		-	-	-	-			
14									
15	Hourly Pay Rate (from above)		\$ -	\$ -	\$ -	\$ -			
17	<b>Required Taxes and Benefit Costs</b>								
18	Social Security	6.20%	\$ -	\$ -	\$ -	\$ -			
19	Medicare	1.45%	\$ -	\$ -	\$ -	\$ -			
20	State Unemployment	3.51%	\$ -	\$ -	\$ -	\$ -			
21	Federal Unemployment	0.60%	\$ -	\$ -	\$ -	\$ -			
22	Worker's Compensation	2.74%	\$ -	\$ -	\$ -	\$ -			
24	Total Hourly Tax and Benefit Cost	14.50%	\$ -	\$ -	\$ -	\$ -			
25	Total Hourly Loaded Wage		\$ -	\$ -	\$ -	\$ -			
27	Total Annual Billable Service Cost		\$ -	\$ -	\$ -	\$ -			
29	<b>Total Budget for Employee Services:</b>								
30									
31									
32									
33									

Calculation Do Not Delete

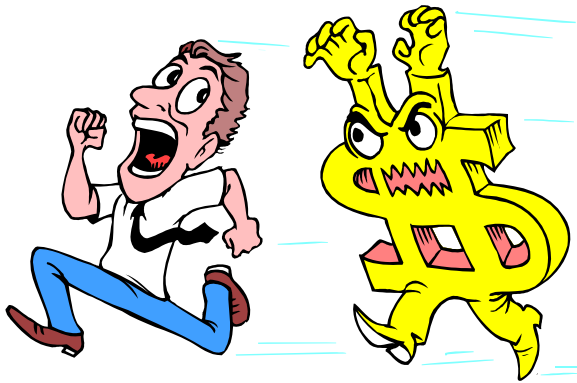
start 2 5 f AI... O... Mi... Mi... 10:12 AM

# Pay Rate Calculator Breakdown

- SUTA Rate
- Select service from drop down box
- Projected hours per year
- Hourly Pay rate
- Loaded rate
- Employment taxes
- Workers compensation
- Total billable service cost
- Under/ (Over) Medicaid maximum



# Unemployment Employment Taxes and Workers' Compensation



- Social Security
- Medicare
- The SUTA – State Unemployment Tax begins at 3.51% and changes after the first three years, based on the number of people that are hired and fired, and claims against unemployment. Consumer Direct will provide the SDSC a list of these rates for each individual
- Federal Unemployment
- Workers compensation is currently 2.74% of gross salary

**NOTE:** This is the “Employer” cost portion of the employment tax and workers’ comp. The employee will have their portion of person tax deducted from their paycheck.

# Under / (Over) Medicaid Maximum



- There is a Medicaid maximum rate of pay. For example, if you enter an amount and see **(\$0.01)** on the Medicaid max line, the rate exceeds the maximum allowed.



# FMS

- 👤 The Centers for Medicare and Medicaid Services (CMS) defines Financial Management Services as: *A service/function that assists the family or participant to: (a) manage and direct the distribution of funds contained in the participant-directed budget; (b) facilitate the employment of staff by the family or participant by performing as the participant's agent such employer responsibilities as processing payroll, withholding and filing federal, state, and local taxes, and making tax payments to appropriate tax authorities; and (c) performing fiscal accounting and making expenditure reports to the participant and/or family and state authorities.*

# Vendor Fiscal/Employer Agent FMS



**Setting up  
payroll  
records for  
workers hired  
ensuring  
federal, state  
and local tax  
withholding  
and payments  
are made; file  
required  
federal and  
state employer  
reports on  
time**



**Worker's  
Compensation**



**Human  
Resources  
Functions  
Background  
checks  
Tracking  
employee  
qualification/  
trainings  
2016 Maintain  
Service  
Documentation**



**Provide  
individual  
with monthly  
budget  
information  
regarding  
payments that  
have been  
issued from  
the approved  
budget along  
with a current  
balance**

# Missouri's FMS



- 👤 Our FMS Missouri Consumer Direct; their web address is <http://moconsumerdirect.com/>
- 👤 Consumer Direct phone number is 1-877-532-8565.



For information about Consumer Direct Missouri, call toll free: 1 (877) 532-8565

[Home](#) [About](#) [Services](#) [Announcements](#) [My Direct Care](#) [Forms](#) [Resources](#) [Contact](#)

## Increasing Independence And Control Through Self-Directed Services



### Announcements

Consumer Direct  
Missouri announcements,  
newsletters, and surveys:



### my direct care

Click here to login for the  
following options:

- Enter Time



### Consumer Direct Missouri

Consumer Direct will begin providing self-directed services in Missouri in 2012. Our goal is to provide quality support so you and your team are successful in managing your service and supports.

Self-directed services give you:

- More choice
- More flexibility
- More control
- More independence

This results in a higher level of satisfaction and quality of life in your home and community.

# Getting Started...

- 👤 The individual may utilize the SDS option if they receive funding through Medicaid Waiver (Comprehensive, Community Support, Lopez, Partnership for Hope or Autism) or POS, pending **Utilization Review and Administrative** approval

# Enrollment Process

1. The SC can notify the SDSC that they are working with a family on the SDS option. The SDSC is available to support and assist the SC in speaking with the Individual/family about the option.
2. If the SC makes the SDSC aware when the authorization is being submitted to the Regional Office they can help expedite the process. The SDSC reviews the packet prior to it going to UR.
3. SDSC will complete the referral to Consumer Direct once they have reviewed the UR packet. Referral will be held pending UR approval.
4. After UR has approved authorization. The SC will send the approved Budget Calculator to Individual/Designated Representative to inform them of their approved budget allocation.
5. Once the approved authorization is in CIMOR, SDSC will send the referral to MOCD



# Enrollment Process



6. Once the approved authorization is in CIMOR, SDSC will send the referral to MOCD
7. Consumer Direct will contact the individual/designated representative to assist with the enrollment process. They will individualize the enrollment process based on the need.
8. Consumer Direct will process paperwork and initiate a background check.
9. **No person/applicant/prospective employee is to begin working until the Consumer Direct notifies the individual that their prospective employee has passed their background screening.**



# Enrollment Process

10. If the prospective employee has any 'hits' or flags on their background check the SDSC will be notified and will contact the SC and the employer and will help determine if the potential employee can be cleared to work or not.
11. The SC follows up with individual/designated representative within 30 days of authorization to ensure that all services are being delivered as authorized in ISP. The SDSC is available to assist.

Individual is  
interested in SDS

Discusses with SC  
SC may contact SDSC  
for assistance

SC amends ISP, creates  
budget & authorization  
form; may complete MO  
CD New Referral Form &  
contact SDSC for  
assistance

SDSC reviews UR  
packet & ensures  
MOCD New Referral  
Form is complete

UR approval

Budget is approved:  
SDSC sends Referral  
Form which includes  
max rate information  
to MOCD receipt  
means it's approved  
and in CIMOR

MOCD contacts  
Employer/DR to  
complete enrollment  
process

MOCD processes  
paperwork; completes  
FCSR background check  
on employees & E-Verify,  
issues "Ok to Work  
Form" to Employer/DR

# Service Documentation Maintained



- 👤 Service Documentation sheets are signed by the employee. These describe various covered activities or services in which the individual participated, progress towards goals, and unusual events


- 👤 Must be sufficient so that it is understandable, explains what was provided, and can be verified with reasonable certainty that the services were provided
- 👤 Service documentation must be maintained by the employer for a period of 6 years
- 👤 The employee is responsible for writing the documentation on the date they provide the service

## 👤 **MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM-**

alternate format must be approved by Regional Office, Self-directed Supports coordinator -

# MANDATORY SDS Service DOCUMENTATION FORM





MISSOURI DIVISION OF  
DEVELOPMENTAL  
DISABILITIES

Improving lives THROUGH  
supports and services  
THAT FOSTER self-determination.

MANDATORY  
SELF-DIRECTED SUPPORTS  
DOCUMENTATION FORM\*\*

[www.dmh.mo.gov/dd](http://www.dmh.mo.gov/dd) MISSOURI DEPARTMENT OF MENTAL HEALTH

INDIVIDUAL RECEIVING SERVICES (include middle initial) : \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

DATE of Time Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Page 1 of \_\_\_\_

PA=Personal Assistance (T1019 U2); MB = Specialized Medical/Behavioral Personal Assistance (T1019 TG); CS=Community Specialist (T1016 U2); SB=Support Broker (T2041 U2); TC=Team Collaboration (G9007)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Service Code	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC
Time In	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time Out	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time In	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time Out	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time In	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time Out	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Total Time Worked							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date (MM/DD/YY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Service Code	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC	<input type="checkbox"/> PA <input type="checkbox"/> MB <input type="checkbox"/> CS <input type="checkbox"/> SB <input type="checkbox"/> TC
Time In	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time Out	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time In	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time Out	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time In	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Time Out	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Total Time Worked							

\*\*This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports Coordinator 2/07/14



\*This is a mandatory documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports coordinator



MISSOURI DEPARTMENT OF MENTAL HEALTH

INDIVIDUAL RECEIVING SERVICES (include middle initial) : \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

Page 2 of


Documentation must be completed at the time of service and must be sufficient so as to justify the length of service provided.

Record activities and be specific. **Where did service take place?**\* What activity was done? What support was needed? What was the response? Answer the questions of who, what, when, where, why, how and record progress towards goals. Record changes in mood, habits or health, and new skills or discoveries. Be objective; just the facts, not opinions. Avoid using any derogatory, disrespectful or unprofessional statements.

Always use ink and remember to write legibly. Never use whiteout or scratch out errors, simply draw a line through the error and initial it.

**\*\*This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports Coordinator** 2/07/14

# Monthly Summary Form

 <small>MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES</small> <small>www.dmh.mo.gov/did</small>	<b>Improving lives THROUGH</b> <b>supports and services</b> <small>THAT FOSTER self-determination.</small>	<b>MANDATORY</b> <b>Monthly Summary</b> <b>and Budget Tracking</b> Page 1 of 4
--	--	---

**Individuals Name** include middle initial:

**ISP Span Date:**

<b>Monthly Progress Notes 1</b>	<b>Month:</b>
Monthly summary that describe that services were provided in accordance with the Individual Support Plan (ISP) and overall status of the individual:	
<b>Print Name:</b> <span style="background-color: yellow;">_____</span>	
<b>Signature &amp; Title:</b> _____	<b>Date:</b> _____
Budget spending has been reviewed.	
Comments:	

<b>Monthly Progress Notes 2</b>	<b>Month:</b>
Monthly summary that describe that services were provided in accordance with the Individual Support Plan (ISP) and overall status of the individual:	
<b>Print Name:</b> <span style="background-color: yellow;">_____</span>	
<b>Signature &amp; Title:</b> _____	<b>Date:</b> _____
Budget spending has been reviewed.	
Comments:	

<b>Monthly Progress Notes 3</b>	<b>Month:</b>
Monthly summary that describe that services were provided in accordance with the Individual Support Plan (ISP) and overall status of the individual:	
<b>Print Name:</b> <span style="background-color: yellow;">_____</span>	
<b>Signature &amp; Title:</b> _____	<b>Date:</b> _____
Budget spending has been reviewed.	
Comments:	

\*This is a mandatory Documentation sheet, alternate format must be approved by Regional Office, Self-directed Supports coordinator

All Individuals/Designated Representatives  
must do monthly summaries

# Service Documentaition Maintained



- 👤 Prior to 2016 the Individual/DR was responsible for maintaining “Monthly Summary and Budget Tracker” which describes progress on the individual’s ISP goals and objectives, overall status of the individual, and tracks service usage/dollars spent
- 👤 Starting in 2016 this will be maintained by the FMS






[www.dmh.mo.gov/dd](http://www.dmh.mo.gov/dd)

MISSOURI DEPARTMENT OF MENTAL HEALTH

Improving lives THROUGH supports and services  
THAT FOSTER self-determination.

## Self-Directed Supports Employer Document Checklist

When you are self-directing your supports it is recommended that you keep a copy of all paperwork that you sign. However some of these documents are also maintained by your support coordinator (SC), regional office (RO) and/or your Fiscal Management Service (FMS). The documents listed below must be maintained by you, and be available for your SC to review. Additionally, these records must be produced for auditing purposes through the Missouri Department of Mental Health, Department of Social Services, and the Center for Medicare and Medicaid Services. Your SC, RO or FMS does not keep a copy of these documents for you. Not having these documents on file could result in terminating the option of self-directing your supports.

### Individual/Designated Representative File

Individual Service Plan including budget information	
--	--

### Information available for Employees

Individual Service Plan	
-------------------------	--

The Emergency Back-up Plan (to ensure adequate coverage in case of emergency)	
---	--

### Service Documentation:

<b>MANDATORY SELF-DIRECTED SUPPORTS DOCUMENTATION FORM</b> (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the FMS (Missouri Consumer Direct) timesheets.	
---	--

Not having these documents on file and any discrepancies in records and claims for reimbursement from MO HealthNet are subject to recoupment from the Individual/Designated Representative and may result in terminating the option of self-directing your supports.	
--	--

Monthly summary – report documenting progress for all SDS services and budget tracking.	
---	--

02/07/14

# Event Management Tracking

- Any employee paid to provide Medicaid Waiver services **is** required to report any events that could jeopardize an individual's health or safety. If any of the following occur, they must notify the SC or the office on-call staff as soon as possible:

- 👤 Upon receiving information regarding an incident listed previously, the service coordinator will ensure the individual's immediate health and safety needs are met. The SC will then fill out a Community Event Report form detailing the event. In most cases the team will meet to talk about what occurred prior to the event and what can be done to prevent a reoccurrence in the future.

# Service Monitoring

Case notes should reflect observations related to the following key areas:

- 👤 **Environment** – Are there health & safety concerns; is the individual's home adapted to meet their needs, etc?
- 👤 **Individual rights** – Are the individual's rights respected and protected? If there is a designated representative are they serving the best interest of the individual?
- 👤 **Staff and services** – Is the employer maintaining all paperwork & documentation? Is it accurate & up to date? If family members are providing services, is it provided in the best interest of the individual? Are the employees qualified? Is the employee training checklist completed prior to providing services and annually thereafter? Have you signed each training checklist?
- 👤 **Money** – Are the individual's services being provided within the parameters of their budget?
- 👤 **Health & safety** – Have there been reports of unusual events; has the team followed up? Has the individual experienced major changes that may influence support needs?

# Service Monitoring

## Self-Directed Supports Service Monitoring Guide

Self-Directed Supports are required to be monitored face-to-face quarterly at a MINIMUM. The descriptors for the 5 areas (domains) and interpretive guidelines are *not* an all-inclusive list, as other issues or areas of concern should be documented if they are present. This is **ONLY** a monitoring guide and does not take the place of the service monitoring case note or form needed for entry into APTS.

Individual Name:

Date/Time of Visit:

Employer Name:

Place of Visit:

Service Coordinator:

Service(s) Monitored:

Outcome/ Domain:		General Notes: Follow Up/Correction Needed?
<b>ENVIRONMENT &amp; SAFETY</b>	Does the environment create any health/safety concerns? Is the individual's home modified to meet their support needs?	
<b>INDIVIDUAL RIGHTS</b>	Are the individual's rights respected and protected? Are the employees supporting the individual in exercising their self-advocacy skills? Is the designated representative serving in the best interest of the individual? How does the individual's life reflect the principles of self-determination?	
<b>STAFF &amp; SERVICES</b>	Is the current ISP present and implemented as written? Is documentation of progress present and meaningful? Are monthly summaries completed? Are the ISP outcomes addressed in the monthly summaries? If family members are providing services, are they doing so in the best interest of the individual? Is there a current back-up plan in place? ➤ <i>Are all forms present and complete as specified on the <u>SDS EMPLOYER DOCUMENT CHECKLIST?</u></i>	
<b>MONEY</b>	Having checked utilization on the Fiscal Management Service (FMS) website, is over- or under-utilization a concern? Does the individual have unmet service needs which could be provided via other SDS services (i.e. support broker/community specialist)? Are all funding options being explored to help address the individual's support needs?	
<b>HEALTH</b>	Have there been reports of unusual events as documented on a EMT? Has the team followed up? Has the individual experienced any major changes that may impact his/her support needs?	

**Instructions:** The form on page two is to be used to notify the individual/designated representative, and the assigned the Regional Office Quality Assurance Specialist of any concerns found during service monitoring and how the issue is being resolved. Please use the information from the checklist to complete this form. Be brief, as this information must also go into a database.

# Service Monitoring



- 👤 Don't forget to include positive outcomes!!
- 👤 Service Monitoring should be documented in the SC's case note
- 👤 If there is an issue of concern follow your local procedures for reporting of issues (each RO should have designated staff)
- 👤 Issues of concern will be entered into APTS and the SC will be responsible for remediation & follow-up

Appendix B

Outcomes from Monitoring/Quality Management Referral Form

Date:	Service Coordinator:	Team:
Individual Name:	ID #:	Provider Name:
Provider Issue – Number of Consumers Affected:		Address of Location visited:
Service Monitoring Complete and No Issues Found to Report (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
<input type="checkbox"/> New Entry <input type="checkbox"/> Follow-up on Unresolved Entry	Comment/Remediation:	
QE Follow –up Needed (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
<input type="checkbox"/> New Entry <input type="checkbox"/> Follow-up on Unresolved Entry	Comment/Remediation:	
QE Follow –up Needed (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>POSITIVE QUALITY OUTCOMES IDENTIFIED (check all that apply but also provide explanation for each box checked)</b>		
<input type="checkbox"/> Community Membership <input type="checkbox"/> Personal Relationships <input type="checkbox"/> Valued Roles <input type="checkbox"/> Connected with past <input type="checkbox"/> Communication	<input type="checkbox"/> Positive Behavioral Supports <input type="checkbox"/> Positive Image <input type="checkbox"/> Personal Identity <input type="checkbox"/> Control of daily lives <input type="checkbox"/> Opportunity to Advocate	<input type="checkbox"/> Plan reflects lives and supports <input type="checkbox"/> Live and die with dignity <input type="checkbox"/> Feel safe, emotional well being <input type="checkbox"/> Physical Wellness <input type="checkbox"/> Support through lifestyle changes
<input type="checkbox"/> Managing their home <input type="checkbox"/> Shared mission in agency <input type="checkbox"/> Agency relationships with other agencies <input type="checkbox"/> Staff Empowerment <input type="checkbox"/> Agency Self Evaluation		
Comments / Explanation of Positive Quality Outcomes: (Can also be used for positive comments not meeting Positive Quality Outcomes).		



# APTS: Action Plan Tracking System



- 👤 Division of DD data base used to collect information on issues/positive outcomes that affect consumers.
- 👤 Collecting the information is for prevention purposes
- 👤 Address any patterns or trends in issues that are occurring before they develop into a critical situation.

# Self-Directed Support Improvement Plan



- 👤 When multiple issues have been identified, a patterns of issues repeatedly occurring, or serious situation that must be corrected a Self-Directed Supports Improvement Plan will be jointly developed.
- 👤 Issues may identify on monitoring visits, event reports, reviews or issues reported by the FMS (Missouri Consumer Direct).

# Self-Directed Support Improvement Plan



Improving lives THROUGH supports and services  
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

**SELF-DIRECTED SUPPORTS**  
Improvement Plan

Name of Individual:		Designated Representative:		Guardian:
Self-Directed Support Coordinator:		Support Coordinator:	Plan requested by:	
Date of Request:		Individuals Attending:		
Date of Meeting:		Future Meeting Dates:		

ISSUE	ACTION STEPS Not being able to meet employer/designated representative responsibilities can result in termination of the SDS option and you will be offered agency managed services.	RESPONSIBLE PARTY	DATE TO COMPLETE	PROGRESS/DATE COMPLETED
<u>A.</u> AUTHORITY	1.)			
	2.)			
	3.)			
	4.)			
<u>B.</u> AUTHORITY	1.)			
	2.)			
	3.)			
	4.)			
<u>C.</u> AUTHORITY	1.)			
	2.)			
	3.)			
	4.)			

Improving lives THROUGH supports and services  
THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

**SELF-DIRECTED SUPPORTS**  
Improvement Plan

<u>D.</u> AUTHORITY	1.)			
	2.)			
	3.)			
	5.)			

Due Date:	Corrective Due Date was Met: <input type="checkbox"/> Yes; <input type="checkbox"/> No	Corrective Actions Completed: <input type="checkbox"/> Yes; <input type="checkbox"/> No
Final Recommendation:		

CC: Improvement Plan and letter: DMH-DD Regional Director, Provider Relations Lead, Quality Assurance Lead, SDSC file, SC, SC Supervisor, Designated Representative/Individual, Individual record

# Termination of Self-Directed Supports



## **Voluntary Termination**

If an individual decides they do not want to continue self-directing their supports, they may stop at any time. The service coordinator should help them begin that process and assist them in transitioning to agency-based services.

## **Involuntary Termination of Self-Directed Services**

In the event the planning team determines the individual's health and safety is at risk, there are concerns regarding their willingness to ensure proper records are accurately kept, or that they are unwilling to supervise employees to receive services according to the plan, the choice of self-directing their supports may be terminated. Before terminating self-directed options, the service coordinator and other appropriate staff will first counsel the individual or their designated representative to assist them in understanding the issues, let them know what corrective action is needed, and offer them assistance in making changes. If the SDS option is terminated, the same level of services will be offered through a traditional agency-based model.

# Support Coordinator Responsibilities

- Responsible for all elements of the person-centered planning process being in place
- Monitor Health & Safety
- Complete service monitoring (quarterly – minimum) and SC documentation requirements for each service
- **Ensure the option of self-directing supports is given to all individuals/designated rep. who receive a funded service & assist in the enrollment process if chosen**
- Complete all required Medicaid Waiver and Utilization Review paperwork for budget approvals
- **Ensure individual/employer receive information regarding budget allocation (approved budget calculator)**
- Complete monitoring within one month of starting a new service and set up monitoring schedules with individual/designated representative no less than quarterly
- Complete CERs for unusual events



# Working together for Success

## TIPS AND RESOURCES

FACILITATING INDIVIDUALIZED  
SERVICES AND SUPPORTS


## ROLES AND FUNCTIONS WITHIN SELF-DIRECTED SUPPORTS

Support Coordinator	Support Broker	Missouri Consumer Direct	Division of Developmental Disabilities Self-Directed Supports Coordinator (SDSC)
<p>Assists the individual, family, or designated representative in understanding the choice of self-directed supports and transitioning from provider driven services to self-directed services.</p> <p>Completes the individual support plan (ISP) with the required self-directed information and paperwork and submits to the Utilization Review Committee for approval.</p> <p>Amends the ISP based on the needs of the individual.</p> <p>Conducts a 30 day follow up after services begin with the individual and designated representative to ensure the services are being carried out as written in the individual service plan, reviews timesheets, progress notes, monthly summary and answers any questions.</p> <p>Monitors services and supports face to face no less than quarterly.</p> <p>Assists the Provider Relations team with any follow up that is needed on the self-directed provider reviews.</p> <p>Participates in "improvement plans" in order to amend ISP if needed and provide monitoring to ensure needed changes take place.</p>	<p>A Support Broker provides information and assistance (I&amp;A) for the purpose of directing and managing supports as specified in the ISP. SB does not do these activities for the individual/DR but provides I &amp; A to assist in doing task independently.</p> <p><b>May include training in:</b></p> <ul style="list-style-type: none"> <li>Establishing work schedules for the individual's employees based upon their ISP;</li> <li>Helping with managing the budget when requested or needed;</li> <li>Seeking other supports or resources outlined by the ISP;</li> <li>Defining goals, needs and preferences, identifying and accessing services, supports and resources as part of the person centered planning process which is then gathered by the support coordinator for the ISP;</li> <li>Implementing practical skills training (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution);</li> <li>Developing an emergency back-up plan;</li> <li>Implementing employee training;</li> <li>Promoting independent advocacy, to assist in filing grievances and complaints when necessary.</li> </ul>	<p>Missouri Consumer Direct, LLC (MOCD) is the "Fiscal Employer Agent" (F/EA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the F/EA will file quarterly taxes and reports on behalf of the Employer/FEIN Holder.</p> <p>Provides the Employer/Designated Representative (DR) with an Enrollment Packet, Employee Packet(s) and Employee Training Materials.</p> <p>Completes payroll for the Employer/DR's employees and provides the employee with Federal and State tax withholding information on his or her paystub for each pay period and issues the W-2 after year end.</p> <p>Covers all employees with Workers' Compensation insurance.</p> <p>Provides Fraud Prevention materials and training video.</p> <p>Completes employee background checks.</p> <p>Maintains all employee education and training records.</p> <p>Provides Spending Reports to the Employer/DR, Support Broker, Support Coordinator and SDSC.</p>	<p>Provides technical support and training regarding the policy and procedures related to self-directed supports.</p> <p>Meets with the individual and designated representative within 90 days of services starting to complete an initial review to ensure services have started and are being implemented as written in the individual service plan and answer any questions. May review the progress notes, timesheets and monthly summaries.</p> <p>Assists the Provider Relations team with self-directed provider reviews to ensure service delivery is consistent with Medicaid Waiver requirements, State Rules, Department of Mental Health Policy, and Best Practices.</p> <p>Works with the Fiscal Management Service (MO Consumer Direct) to coordinate enrollments, budget information, problem solve issues/concerns, follow up with the individual/designated representative on background hits, complete paperwork for high school exemptions, and coordinate quarterly meetings.</p> <p>Facilitate improvement plan.</p>



Improving lives THROUGH  
supports and services  
THAT FOSTER self-determination.

**QUESTIONS??**

